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The State of Recovery in Brazil: An Interview with Crisvalter Medeiros

William L. White

Introduction

Recovery from addiction is a highly personal process that is profoundly influenced by cultural environments within which recovery can be nurtured or inhibited. A growing international recovery advocacy movement seeks to widen the doorways of entry to addiction recovery and to create a world in which recovery can flourish. In the fall of 2011, I had the pleasure of interviewing Crisvalter Medeiros about his vision of a recovery advocacy movement in Brazil. In the future, we will try to update the progress of this movement in Brazil and other South American countries.

Bill White: How did you first become involved in the issue of addiction recovery in your country?

Crisvalter Medeiros: My adolescence was much commited by alcohol. I started drinking at 13 and only stopped at age 35. At that time, I was working and had a family, but I also had developed a serious alcohol problem. I started studying alcoholism in hopes of finding a solution. I investigated AA (Alcoholics Anonymous) and got involved with other groups such as "Tough Love," Neurotics Anonymous, and Catholic Pastoral. I spent 15 years attending support groups almost daily. During this period, I also studied a lot about alcoholism and other drug dependence and wrote two books: *Dependência Química: Uma abordagem sociocultural* and *Drogas na Adolescência: Uma visão educativa*. Both books were published by the institution where my wife and I work. I also decided I needed to do something more than attending group meetings, so I decided to work with prevention programs directed at teenagers. I wanted to help young people avoid developing drug dependency problems.

Crisvalter Medeiros presentation to Sobriety Pastoral of the Catholic Church

In 2004, I began to develop a prevention project in schools. With the support of my wife, Ms. Vania Medeiros, we developed a prevention project called "Programa Rede Viva." This program was developed with the integration of recovery programs of mutual aid societies (Tough Love and Beyond and the Alateen program) and educational projects involving scientific and technical knowledge of students. We started with a group of 20 teenagers and helped some of them who were already having alcohol and drug experiences. We did this work in schools, and by 2009, we had more than 200 young people participating. We eventually had to stop when we failed to receive federal funds from the Ministry of Education. We were never able to generate support from school administrators in Brazil for such an initiative. They did not recognize the importance of drug prevention and, like most educators in Brazil, saw the response to the drug problem as the responsibility of the health departments or the police.

During the time of operation of the "Programa Rede Viva," we did a TV interview program for three years. In this program, I interviewed people who worked in the field: psychologists, social workers, educators, and psychiatrists. I also talked to people representing various recovery mutual aid societies. I understood that it would be very important to create a space in the media so they could talk about recovery. This was very difficult because these people did not want to show their faces because of their fear of social discrimination. In 2009, there was a new manager at the TV station who closed the program, explaining that he did not want that kind of TV program.

We also experimented with a recovery program rooted in spirituality, TOV (Talleres de Oracion y Vida), with young people in a situation of deprivation of liberty as a result of drug use. We performed an event that occurred in a religious community treatment setting (Fazenda da Esperança), which included young people who participated in the "Programa Rede Viva." This program included young people in recovery. Another initiative was a course for residents of a rural community about prevention and drug problems in the family.

Bill White: What activities have you been involved with since these early programs?

Crisvalter Medeiros: We performed four major conferences of national scope with professionals from universities in our more developed regions, always with the focus on improving the conditions of prevention in our region. In 2008, we managed to raise funds from federal, state, and local people to carry out a post-graduation lato sensu, which was directed toward 50 professionals working in public and private care for drug users. Currently, we offer courses on prevention for teachers and other professional schools. We also offer conferences for the movements of the Catholic and Protestant churches and other communities.

Conference on drug prevention for school educators

At the end of 2010, we approved the establishment of a Regional Centre of Reference for Training Professionals working in the area of drugs in our State. We participated in a public call through an announcement of the federal government, specifically the Secretaria Nacional de Políticas Públicas sobre Drogas (SENAD), the body that coordinates the Drug Policy in our country. We are currently coordinating four courses with the participation of 350 professionals. This work can be seen on the site (www.crrifpb.com.br).

There are many difficulties with these activities because we are using a methodology that, in our view, is still very much focused on the professional role. The curriculum of these courses is set by the SENAD. This body has not yet mediated the political tensions between professionals and the recovery community. There are in this field of work many conflicts involving corporate interests. On the other hand, the recovery community is disorganized and remains hidden in total anonymity. The teachers at the centre are from regions of the country with more advanced academic resources. However, they do not have the academic or technical experience to increase the competence of people in recovery in a systematic way. While there is talk of social reintegration of former drug users by professionals, there are a few non-governmental initiatives involving people in recovery.

You could say that today in Brazil, treatment has been dominated by the moral vision or mental illness. The stigma of the dependent is associated with crime or insanity, and most interventions are through the prisons or psychiatric hospitals. Here, we have not heard talk about recovery; the word is confused with treatment among the professionals. In this sense, we understand the importance of organizing a movement of recovery advocacy.

In 2008, we discovered media advocacy, and only in 2011 did we discover the recovery advocacy movement. We see the need to change our view, and we are planning activities for the study and dissemination of this idea. This is the approach we were trying to find that could involve both professionals and the recovery community. The recovery community also has difficulties. For example, the members of AA do not admit that someone outside of AA can understand recovery, and professionals underestimate what people in recovery can contribute. We are organizing material for the initial course on Recovery Advocacy for people of mutual aid societies (AA and Al-Anon, ToughLove, Narcotics Anonymous, and therapeutic communities, and individuals that have made recovery through other experiences). In fact, we are just beginning this work of advocacy. We know it will be a great challenge to change the treatment paradigm to the paradigm of recovery. But we very much hope that we get ahead, especially with your support.

Brazilian Association of Studies on Alcohol and Other Drugs

Bill White: What was the particular spark that began your work on recovery advocacy through use of the media?

Crisvalter Medeiros: In the course of my studies, I met a teacher, Luca Santoro, who had lived 20 years in England and gave a class on advocacy and media advocacy. My basic training was journalism, so I decided to focus on media advocacy. I read the book of Lawrence Wallack, *Media Advocacy and Public Health: Power for Prevention* (Media Advocacy Group University of Berkeley, 1993). Searching the internet, I found the sites www.williamwhitepapers.com and www.facesandvoicesofrecovery.com, so I also discovered recovery advocacy. I understood that was what we needed in Brazil today to break the prejudice against people in recovery. I became interested in the subject, so I bought on the Internet *Let's Go Make Some History: Chronicles of the New Addiction Recovery Advocacy Movement*, and also ordered the *Recovery Advocacy Toolkit* from Faces and Voices of Recovery.

Bill White: Let me back up a bit and ask you to describe the current state of alcohol and drug problems in Brazil.

Crisvalter Medeiros: In Brazil, 52% of the population reports use of some drugs, and lifetime use of alcohol is 74.6%; 12% are dependent on alcohol. I live in a region where the alcohol dependency rate is 16%. In Brazil, 17,000 people die annually in traffic accidents related to alcohol misuse. Tobacco is used by 40% of the population, and 10% are dependent. Illicit drug statistics are comparatively low, but the crack epidemic is growing more and more.

Scientific research in the area of drugs in Brazil is very recent. One of the best known centers of excellence in this area, CEBRID, Federal University of São Paulo (UNIFESP), was implemented in 1978, and UNIAD, also at UNIFESP, was implemented in 1994. The only academic alcohol and drugs resource in the Northeast is the CETAD Federal University of Bahia (UFBA), which began operations in 1985. In the Northeast, no university except UFBA has an academic program of alcohol and drugs. It means that this problem has no scientific status in the region.

Bill White: To what extent has alcohol and drug use been integrated into the Brazilian culture?

Crisvalter Medeiros: Brazil has a strong culture of alcohol and drug use. Our popular festivals, such as Carnival, and others are marked by very heavy drinking. I say that Brazil is the paradise of the alcohol industry. Although we have a decree that controls the use of this drink, this law is not respected, and Brazilians suffer greatly from the impact of this problem in their lives, including young people.

Bill White: What laws govern alcohol and drug use in Brazil?

Crisvalter Medeiros: The national law on drugs (11.343) decriminalized the personal use of drugs. In practice, the user, when caught, does not go to jail. The Supreme Court, by unanimous decision of its ministers, has released marijuana of legal consequences and as a result of this, young people are increasing their use. Currently, a committee of the Congress is preparing a reform of national legislation on drugs.

Bill White: How would you describe the state of addiction treatment in Brazil?

Crisvalter Medeiros: I understand that we are out of the stage of judgmental and moralistic views of drugs and just entering the phase of treatment. The problem is that our methodologies are flawed. With the reform of asylums, many psychiatric hospitals were closed. The method of treatment in a closed environment is in crisis. The government has established centers called CAPS-Psychosocial Care Centers to meet drug users. In CAPS, their days are filled with therapy groups and workshops. In the late afternoon, they are released. The relapse rate is very high, and the model is being heavily criticized as not working for many people. The CAPS model remains the official treatment in Brazil and is defended by most psychologists.

Bill White: Is there much of an understanding of recovery in Brazil?

Crisvalter Medeiros: The word *recovery* is completely unknown in the professional environment; the focus is almost entirely on the problem rather than the solution. Treatment does not include a focus on long-term recovery. This is because the professionals still think that they can solve the problem. Only rarely does a professional refer a patient to a mutual help group.

Bill White: What is the status of recovery mutual aid groups in Brazil?

Crisvalter Medeiros: In Brazil, we have groups of AA, NA, Alanon, and Toughlove, and some religious initiatives, such as 'Farm of Hope.' These groups are still highly stigmatized. Brazil currently has 5,700 groups such as Alcoholics Anonymous and a total of almost 120,000 members in recovery, according to the General Service Office of Alcoholics Anonymous. In the metropolitan area of my city with 1 million inhabitants, we have about 60 AA groups. But there are not visible faces of people in recovery. There remains great fear of the social prejudice against alcoholism and, for users of illicit drugs, the situation is even more difficult.

Bill White: And there are few linkages between treatment and mutual aid groups?

Crisvalter Medeiros: Yes, there is a litter bit of interaction between professional services and community recovery. However, most professionals have prejudices

against groups of mutual help; they believe that scientific techniques will solve the problem. As a result, families hide their recovery stories. This way is harder.

Panel presentation at a seminar on the drug problem in Brazil

Bill White: Are recovering people and their families involved in any way in policy discussions?

Crisvalter Medeiros: Currently, the State Government of Paraiba, a unit of the federal government where I live, drew up a plan to tackle the drug problem for the next four years. There was no representative of mutual help groups involved in this process, only professionals.

Providing training to educators and service professionals

Bill White: Do you see the potential for the rise of a recovery advocacy movement in Brazil led by people in recovery and their families?

Crisvalter Medeiros: We have need for recovery advocacy, but we need help and technical advice. Given the serious prejudices we face, we do not know where to start. But I have hopes for such a movement in the future.

Bill White: Crisvalter, thank you for sharing your thoughts about addiction treatment and recovery in Brazil. I look forward to our continued communications about recovery advocacy in your country.